

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
FELIX LUNA,

Plaintiff,

v.

MARQUIS REALTY, LLC, SAM DAVID and  
LAZER KVIAT A/K/A ABRAHAM LAZER KVIAT,

Defendants.  
-----X

**Motion to Substitute Party  
FRCP 25(a)**

**Docket No. 19-cv-01709**

**SUGGESTION OF DEATH UPON THE RECORD and  
MOTION FOR SUBSTITUTION OF PARTY PURSUANT TO RULE 25(a)(1)**

Counsel for Plaintiff in the above-referenced action gives notice and suggests upon the record, pursuant to Rule 25(a)(1) of the Federal Rules of Civil Procedure, the death of Felix Luna, plaintiff in this action.

Felix Luna passed away on May 20, 2019. His Death Certificate is attached as Exhibit A. On October 9, 2019, Mr. Luna's son, Felix M. Luna, was appointed administrator of the estate of Felix Luna, as evidenced by the Letter of Administration attached as Exhibit B. Felix M. Luna only first received correct copies of the Letters of Administration in early November.

Pursuant to Rule 25(a) of the Federal Rules of Civil Procedure, it is hereby requested that "Felix M. Luna, Administrator of the Estate of Felix Luna, Deceased" be substituted in place of "Felix Luna" as plaintiff in this action, so that decedent's claims survive, and the action on his behalf may proceed.

We have conferred with Defendants' Counsel, and Defendants take no position concerning the relief requested herein.

Dated: New York, New York  
November 20, 2019

Respectfully submitted,

By:

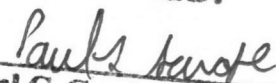


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*Attorneys for Plaintiff*

SO ORDERED:

  
Paul G. Gardephe, U.S.D.J.

Dec. 17, 2019

# VITAL RECORDS CERTIFICATE

DATE FILED: THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## CERTIFICATE OF DEATH

Certificate No. 156-19-021643

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
May 24, 2019 01:29 PM

1. DECEDENT'S  
LEGAL NAME **FELIX LUNA**  
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	1a. New York City 2a. Borough <b>Bronx</b>	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival 4 <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) <b>Workmen's Circle Nursing Home</b>		
	3a. (Month) (Day) (Year-yyy) <b>May 20 2019</b>	3b. Time <b>5:38</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Sex <b>Male</b>	5. Date last attended by a Physician mm dd yyyy <b>05 17 2019</b>		
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.						
Name of Physician: <b>SANDRA PASCAL</b> (Type or Print) Address: <b>3155 Grace Ave Bronx, NY 10469</b>			Signature: <i>Sandra Pascal</i> Signature Electronically Authenticated License No. <b>244492</b> Date <b>MAY-20-2019</b>			
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	7a. Usual Residence State <b>New York</b>	7b. County <b>Bronx</b>	7c. City or Town <b>Bronx</b>	7d. Street and Number <b>1210 Stratford Ave</b>	Apt. No. <b>Apt 1A</b> ZIP Code <b>10472</b>	
	8. Date of Birth (Month) (Day) (Year-yyy) <b>July 01 1949</b>	9. Age at last birthday (years) <b>69</b>	10. Social Security No. <b>056-44-6406</b>		7e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") <b>Superintendent</b>		11b. Kind of business or industry <b>Superintendent Services</b>		12. Aliases or AKAs <b>*** **</b>	
	13. Birthplace (City & State or Foreign Country) <b>Dominican Republic</b>		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less: none 2 <input type="checkbox"/> 9th - 12th grade: no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.D., JD)			
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input checked="" type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other Specify _____ 8 <input type="checkbox"/> Unknown			
	17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) <b>*** **</b>		18. Father's Name (First, Middle, Last) <b>Marino Luna</b>			
	19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <b>Ana Mercedes Disla</b>		20a. Informant's Name <b>Angela Castro</b>			
	20b. Relationship to Decedent <b>Cousin</b>		20c. Address (Street and Number Apt. No. City & State ZIP Code) <b>1336 Noble Ave Bronx, NY 10472</b>			
	21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____		21b. Place of Disposition (Name of cemetery, crematory, other place) <b>Rosemount Crematory</b>			
	21c. Location of Disposition (City & State or Foreign Country) <b>Elizabeth, New Jersey</b>		21d. Date of Disposition mm dd yyyy <b>05 24 2019</b>			
22a. Funeral Establishment <b>R.G. Ortiz Funeral Home, Inc. (Westchester Av)</b>		22b. Address (Street and Number City & State ZIP Code) <b>2121 Westchester Ave Bronx, NY 10462</b>				

*Gretchen Van Wye*  
Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

*Steven P. Schwartz*  
Steven P. Schwartz, Ph.D., City Registrar

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C20 (Rev. 1/07)

Certificate# 84467

**Surrogate's Court of the State of New York  
Bronx County**

**Certificate of Appointment of Administrator**

File #: 2019-2143

IT IS HEREBY CERTIFIED that Letters in the estate of the Decedent named below have been granted by this court, as follows:

Name of Decedent: **Felix Luna** Date of Death: **May 20, 2019**  
Domicile: **Bronx NY**  
Fiduciary Appointed: **Felix M Luna**  
Mailing Address: **7447 Nicklin Street  
Las Vegas NV 89143**

Type of Letters Issued: **LIMITED LETTERS OF ADMINISTRATION**

Letters Issued On: **October 9, 2019**

**Limitations: These letters authorize the collection of a total of \$-0-. The collection in excess of that amount must be authorized by a further order of the Surrogate**

**These Letters are issued with the limited and restricted powers as specified in SCPA SEC. 702 (1)**

**IT IS FURTHER ORDERED that Felix Luna in both his/her individual and fiduciary capacity, as well as any attorney who represents him/her in either capacity, shall not permit the collection or receipt of all proceeds from any action instituted or settled pursuant to the authority granted by these letters with the further order of this court or a court of competent jurisdiction pursuant to EPTL Sec. 5-4.6.**

and such Letters are unrevoked and in full force as of this date.

**Dated: October 30, 2019**

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Bronx County Surrogate's Court at Bronx, New York.

WITNESS, Hon. Nelida Malave-Gonzalez, Judge of the Bronx County Surrogate's Court.

*Elix R. Madera-Fliegelman*

Elix Madera-Fliegelman, Deputy Chief Clerk  
Bronx County Surrogate's Court

*This Certificate is Not Valid Without the Raised Seal of the Bronx County Surrogate's Court*